

Measure specifications: Patients Prescribed High-dose Chronic Opioid Therapy

Metric information

Metric description: **Metric description:** The percentage of Medicaid beneficiaries prescribed chronic opioid therapy. Two submetrics are reported according to dosage threshold:

- (1) Greater than or equal to 50mg morphine equivalent dosage in a quarter;
- (2) Greater than or equal to 90mg morphine equivalent dosage in a quarter.

The Bree Collaborative metric is based on quarterly reporting. All qualifying observations for a given quarter count towards the overall, annual estimate for the measurement year. This means that an individual who meets the eligibility criteria and has at least 60 days supply of opioids in three calendar quarters in the measurement year will contribute 3 qualifying observations to each metric threshold calculation.

Definition of terms used in this metric:

- Days Supply in Quarter: The number of days each prescription should last (days supply) is generally provided for each prescription. Days supply is calculated at the pharmacy by dividing the number of units (e.g., tablets, capsules, patches) dispensed by the maximum number of units to be used in one day. The total days supply is the sum of the days supply from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes days that may extend into the next calendar quarter).
- Chronic Opioid Prescription: ≥ 60 days supply of opioids prescribed in the calendar quarter.
- Average Morphine Equivalent Dose (MED) per day, inclusive of overlapping opioid prescriptions: The MED for each prescription is calculated by multiplying the number of units prescribed by the strength per unit and then multiplying by the conversion factor (see list of conversion factors). The total MED is the sum of the MED from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes MED that may extend into the next calendar quarter). The total MED of all opioids is divided by 90 days to produce the average MED per day value.

Metric specification version: Bree Collaborative Opioid Prescribing Metrics (July 2017). Guidelines developed by the Bree Collaborative for Metric 3: “Patients Prescribed High-dose Chronic Opioid Therapy”.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Four quarters that comprise the measurement year.

Direction of quality improvement: Lower is better.

URL of specifications: [Bree Opioid Prescribing Metrics](#)

DSRIP program summary

Metric utility: ACH Project P4P ■ ACH High Performance □ DSRIP statewide accountability □

ACH Project P4P – Metric results used for achievement value: Submetric results reported for two dose thresholds: (1) percentage of chronic opioid therapy patients receiving doses ≥ 50 mg MED in a calendar quarter; (2) percentage of chronic opioid therapy patients receiving doses ≥ 90 mg MED in a calendar quarter. Each submetric contributes equal weight in the final AV calculation for the overall metric.

ACH Project P4P – improvement target methodology: improvement over self (1.9% improvement over reference baseline performance).

ACH regional attribution: Residence in the ACH region for 11 out of 12 months in the measurement year.

DSRIP metric details

Eligible population

Measure	Description
Age	All ages.
Gender	N/A
Minimum Medicaid enrollment	3 out of 3 months for each qualifying quarter.
Allowable gap in Medicaid enrollment	None within each qualifying quarter.
Medicaid enrollment anchor date	N/A
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria, with a ≥ 60 days supply of opioids in the calendar quarter.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o Beneficiaries with a cancer diagnosis.
 - o All prescriptions for buprenorphine are excluded.
 - o Prescriptions for an opioid not typically used in outpatient settings or when used as part of cough and cold formulations including elixirs, and combination products containing antitussives, antihistamines, and expectorants are excluded.

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Deviations from cited specifications for denominator.

- None.

Numerator

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Medicaid beneficiaries who meet the above eligibility criteria and:

- (1) Greater than or equal to 50mg morphine equivalent dosage in a quarter: Medicaid beneficiaries who meet the above eligibility criteria, with a ≥ 60 days supply of opioids at ≥ 50 mg/day MED per calendar quarter.
- (2) Greater than or equal to 90mg morphine equivalent dosage in a quarter: Medicaid beneficiaries who meet the above eligibility criteria, with a ≥ 60 days supply of opioids at ≥ 90 mg/day MED per calendar quarter.

Morphine Equivalent Dosage Conversion Factors: The MED for each prescription is calculated by multiplying the number of units prescribed by the strength per unit and then multiplying by the conversion factor. The total MED is the sum of the MED from all opioid prescriptions prescribed during the calendar quarter, including overlapping prescriptions (and includes MED that may extend into the next calendar quarter). The total MED of all opioids is divided by 90 days. Conversion factors are updated by the CDC yearly.

Opioid Prescriptions	Conversion Factor
Belladonna alkaloids/opium alkaloids	1
Butorphanol tartrate	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl buccal, sublingual or lozenge	0.13
Fentanyl film or oral spray	0.18
Fentanyl nasal spray	0.16
Hydrocodone	1
Hydromorphone	4
Levomethadyl acetate hydrochloride	8
Levorphanol tartrate	11
Meperidine hydrochloride	0.1
Methadone, 1 - 20 mg/day	4

Methadone, 21 – 40 mg/day	8
Methadone, 41 – 60 mg/day	10
Methadone ≥61 – 80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Propoxyphene	0.23
Tapentadol	0.4
Tramadol	0.1

Required exclusions for numerator.

- All prescriptions for buprenorphine are excluded.
- Prescriptions for an opioid not typically used in outpatient settings or when used as part of cough and cold formulations including elixirs, and combination products containing antitussives, antihistamines, and expectorants are excluded.

Deviations from cited specifications for numerator.

- None

Version control

July 2018 release: The specification was updated to include more information on the eligible population and additional data descriptions and specifications.

January 2019 update: The specification was updated to reflect refinements in measure production methodology. These changes include: updated conversion factors for methadone, butorphanol tartrate, levomethadyl acetate hydrochloride, and belladonna alkaloids/opium alkaloids; clarification of numerator exclusions, and updated source information for conversion factors. These changes are expected to make a minimal on metric results. Minor formatting updates were also made to the metric specification sheet. This includes updating URL of specification, changing HEDIS™ to HEDIS®, and updating symbolic references to reflect MED levels are greater than or equal to (> to ≥).

August 2019 update: The specification sheet has been updated to reflect the current version of the technical specification from the measure steward. To align with measure steward (Bree Collaborative)

guidance, updates were made to the morphine equivalent dose (MED) for methadone standards. The CDC conversion factor for methadone was updated in the time since the initial baseline results and improvement

targets were released, and the conversion factor is now in line with AMDG guidelines. In addition, based on input from clinical leadership, refinements were made to the cancer diagnosis value set (used for exclusions) to align with clinical practice and to address legacy effects of the shift from ICD-9 to ICD-10. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated.

August 2023 update: The specification sheet has been updated to reflect the current version of the technical specification from the measure steward. No substantive changes were made to the DSRIP Metric Details. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated.